|   | PAIENI   | APPLICA                                  | HOW FEE        | DETE        | ERMINA                              | tion rec                          | ORI              | P  -         | 670                    |                   | 09                 | A                      |  |
|---|--|--|----------------|-------------|-------------------------------------|-----------------------------------|------------------|--------------|------------------------|-------------------|--------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |  |                |             |                                     |                                   |                  | SMALL        | ENTITY                 | OR                | OTHER THAN         |                        |  |
| FOI   | 3  | NU                                       | NUMBER FILED   |             | NUMBER EXTRA                        |                                   |                  | RATE         | FEE                    |                   | RATE               | FEE                    |  |
| BASIC FEE   |  |  |                |             |                                     |                                   |                  |              | \$ 315.00              | OR                |                    | 6 620 00               |  |
| TOTAL CLAIMS  |  |  | 10 mi          | nus 20 =    | •                                   |                                   |                  | x \$10-      | 200                    | OR                | x \$20             | \$ 630.00              |  |
| INDEPENDENT CLAIMS  |  |  | 32             | - E aun     | •                                   |                                   | 1                | x 30 =       | <del></del>            | OR                | x 60 -             | <del></del>            |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |  |                |             |                                     |                                   |                  | + 100        |                        | OR                | + 200 =            | <del> </del>           |  |
| If the difference in column 1 is less then zero, enter "0" in column 2  |  |  |                |             |                                     | ی تد                              | TOTAL            |              | OR                     | TOTAL             | 1/230              |                        |  |
| 12  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |  |                |             |                                     |                                   |                  | SMALL ENTITY |                        |                   | OTHER SMALL        |                        |  |
| AMENDMENT A   | 1  | CLAIMS<br>REMAININ<br>AFTER<br>AMENDMEI  |                | PRE         | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA                  |                  | RATE         | ADDI-<br>TIONAL<br>FEE |                   | RATE               | ADDI-<br>TIONAL<br>FEE |  |
| ON.   | Total  | '7                                       | Minus          | "6          | 0                                   | =                                 | ][               | 'x \$10=     |                        | OR                | x \$20 =           |                        |  |
| APM   | Independent  | 1  | Minus          | ***         | 3                                   |                                   |                  | x 30 =       |                        | OR<br>OR          | × 60=              |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |  |                |             |                                     |                                   |                  | + 100 =      |                        | OR                | + 200 =            |                        |  |
|   | (Column 1) (Column 2) (Column 3)                             |  |                |             |                                     |                                   |                  | TOTAL        |                        | OR                | TOTAL<br>ODIT, FEE |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN |                | NU<br>PRE   | SHEST<br>IMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA                  |                  | RATE         | ADDI-<br>TIONAL<br>FEE |                   | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | ۰  | Minus          | **          |                                     | =                                 |                  | x \$10 =     |                        | OR                | x \$20 =           |                        |  |
|   | Independent  | •  | Minus          | 044         |                                     | =                                 |                  | x 30 =       |                        | OR<br>OR          | x 60 =             |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE                               |  |                | EPENDE      | NT CLAIM                            |                                   |                  | + 100 =      |                        | OR                | + 200 =            |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |  |                |             |                                     | ADE                               | TOTAL<br>IT. FEE |              | OR                     | TOTAL<br>DIT. FEE |                    |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN |                | NUI<br>PREV | HEST<br>MBER<br>KOUSLY<br>D FOR     | PRESENT<br>EXTRA                  |                  | RATE         | ADDI-<br>TIONAL<br>FEE |                   | RATE               | ADDI-<br>TIONAL<br>FEE |  |
| 2   | Total  | *  | Minus          | 60          |                                     | =                                 |                  | x \$10 =     |                        | OR                | x \$20 =           |                        |  |
| A 250   | Independent  | <b>a</b>                                 | Minus          | ***         |                                     | =                                 |                  | x 30 =       |                        | OR OR             | × 60 =             |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +             |  |                |             |                                     |                                   |                  |              |                        | OR                | + 200 -            |                        |  |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE  ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". |  |  |                |             |                                     |                                   |                  |              |                        |                   |                    |                        |  |
| The   | "Highest Numb  | er Previously F                          | aid For (Total | or Indepe   | e is less than<br>indent) is the    | n 3, enter "3".<br>highest number | found            | in the ag    | opropriate bo          | x in col          | imn 1              |                        |  |

Apolication or Docket Number